STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Scott H Miller et al.							
Application No./Patent No./Control No.: 10/595,602 Filed/Issue Date: C	October 28, 2004						
Entitled: A BLOOD VESSEL WRAP							
Sunshine Heart Company PTY LTD , a Propriety Limited Compar	٧						
(Name of Assignee) (Type of Assignee: corporation, partnership							
states that it is:							
1. 🗵 the assignee of the entire right, title, and interest; or							
2. an assignee of less than the entire right, title, and interest							
(The extent (by percentage) of its ownership interest is %)							
in the patent application/patent identified above by virtue of either:							
A. An assignment from the inventor(s) of the patent application/patent identified above the United States Patent and Trademark Office at Reel, Frame thereof is attached.							
OR							
B. 🗵 A chain of title from the inventor(s), of the patent application/patent identified above	e, to the current assignee as follows:						
1. From: <u>Gemma De Plater</u> To: <u>Sunshine Heart Compa</u>	anv Ptv Ltd.						
The document was recorded in the United States Patent and Trademark Office a	t						
Reel <u>018922</u> , Frame <u>0561</u> , or for which a copy thereof is	s attached.						
2. From: Scott Hugh Miller To: Sunshine Heart Compar	ny Pty Ltd.						
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☐ Additional documents in the chain of title are listed on a supplemental sheet.							
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the clowner to the assignee was, or concurrently is being, submitted for reconstant.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must	ordation pursuant to 37 CFR						
accordance with 37 CFR Part 3, if the assignment is to be recorded in the recorded							
The undersigned (whose title is supplied below) is authorized to act on behalf of the assign	ee.						
/Sean Solberg/	August 12, 2010						
Signature	Date						
Sean D. Solberg Reg. 48,653	612-766-8739						
Printed or Typed Name	Telephone Number						
Attorney/Agent of Record							
Title							

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
I hereby appoint:								
☑ Practitioners associated with Customer Number:			25764	25764				
OR								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name   Registration   Name   Registration								
ļ	Name Registration Number			Name		Number		
<u> </u>								
·								
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
□ The address associated with Customer Number 25764								
OR								
☐ Firm or Individual Name								
Address	Address							
City			S	tate		Zip		
Country			<u> </u>			<b>1</b>		
Telephone	•			Email				
Assignee Name and Address: Sunshine Heart, Inc. 7651 Anagram Drive Eden Prairie, MN 55344								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record								
Signature	The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Name				Telephone		<b>-2283</b> - 96	2 345 4201	
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